

CSHA Region 3 Trail Trials Program Registration 2019



California State Horsemen's Association

Date _____ (CSHA membership required, ride credit not given prior to this date)

Enrollment for the Region program consists of one horse, one rider combination. The same horse and the same rider every time is your team. A team must compete at three (3) sanctioned Trail Trials in the same category and division and be a member of the Region Trail Trials Program to qualify for the State Championship Event. Program members must be members of CSHA at time of point/credit accrual, no retroactive points/credit. You must also work at least one trail trial event to be eligible to enter the State Championship Event (Trail Trials Rule 9.4.3) as verified by your Region Chair. For Region 3 High Point Award you must work one Region 3 event (work=don't ride) and complete two rides. The SCE work qualification and Region work obligation can be the same if Region 3 event.

Name _____ Email _____

Address _____ City _____ Zip _____

Phone _____

Horse's Name _____ Breed _____

Circle One: Mare Gelding Stallion Color _____

There are three categories based on your team's capabilities circle one:

Novice: Horse or rider is not experienced or not comfortable with advanced trails or obstacles.

Intermediate: Team completes approximately 50% of obstacles novice and 50% advanced.

Advanced: Horse and rider are comfortable with advanced trails and advanced obstacles.

Rider Age Division circle one: 17 & under 18-49 50-59 60 and over
(your age as January 1 of the current ride year, 1-1-18) _____ Birthdate: _____

Region Program Fee: \$ 20.00

You must ride a minimum of three rides and fulfill your one event work obligation for SCE qualification. Trail trial ride year is from the third weekend in September through the second weekend in September the following year.

I am a: Direct CSHA Member Member of CSHA Club named _____

Submit check and form to: CSHA Region 3 Trail Trails (Diane Medlock, 41929 County Road 27, Woodland, CA 95776)

This section for Chair Use Only:

Region Chair Name and Membership Verification Date: _____